

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **1D/376817** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3			1			
4				1		
5						
6						
7	1		1			
8						
9						
10						
11						
12						
13						
14	2					
15	2					
16	2					
17	2					
18	2					
19	1		1			
20	1		1			
21			1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			20			
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						